



Research Request Form

Date: _____

Name: _____

Address: _____

Phone: _____ **Email:** _____

Subject of Research:

NOTE: Submit with the Terms and Conditions Form

Fax or mail completed form to Kristina Dunn, Curator of History:
SC Confederate Relic Room and Military Museum
301 Gervais Street
Columbia, SC 29201
Fax: 803-737-8099